Outcome Evaluation Report:
Burkina Faso – Boulkon Epicenter
August 2015
ACKNOWLEDGMENTS

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- The Global Office of The Hunger Project for its technical and financial support. Thank you especially to Megan Colnar, who kindly helped and guided us from the initial training in the use and handling of iPods with iFormbuilder to the design of the study and the drafting of this document;

- The National Office of The Hunger Project-Burkina Faso, particularly its National Director for advice and support facilitating the progress of work in the field. All staff from The Hunger Project-Burkina Faso are thanked for their support, suggestions, and amendments to the finalization of the document;

- The mayors of Kirsi and Arbollé for administrative support;

- The enumerators who collected data in the field. The quality of results depended heavily on them.

- Village chiefs and district leaders of Boulkon Epicenter who contributed to public awareness of the study;

- People in Boulkon Epicenter particularly the PAR (Participatory Action Research) animators and the households that were surveyed.
EXECUTIVE SUMMARY

The Hunger Project is an international NGO committed to the sustainable end of world hunger. The Hunger Project has offices in 21 countries around the world and has been working in Burkina Faso since 1997 empowering partners to end their own hunger and poverty using the Epicenter Strategy, a multi-sectoral approach to development where women and men from rural villages, called epicenters, are mobilized to create and manage their own programs to meet basic needs. Currently, The Hunger Project has established 15 epicenters in Burkina Faso.

This report deals with the results of the intervention of The Hunger Project in villages in the epicenter of Boulkon in Burkina Faso. The overall objective of the study is to assess the results achieved by the various programs of The Hunger Project-Burkina Faso. These programs are food security, health and nutrition, microfinance, water and sanitation, women’s empowerment, and education and literacy. Data was collected from 265 households in 16 villages of the epicenter to assess results. In addition, this survey was supplemented by a focus group and four key informant interviews. The iFormbuilder software available on iPods was used for data collection while Excel and SPSS software were used for analysis.

The major findings of this evaluation are presented below:

- 38% of the households are below the poverty line and there is income inequality within the epicenter.
- Households are mostly food secure (93%) while 7% report moderate food insecurity and severe food insecurity has been entirely eliminated.
- The Women’s Empowerment Index (WEI), a composite index designed to evaluate the multidimensional aspects of women’s empowerment, was 46.65 out of 100. Women are performing strongly on measurements of leadership and maternal health. However, women are still performing the majority of household tasks such as gathering cooking fuel and water and there are very few female business owners.
- Nearly 73% of adults 18 and older have received no formal education. However, 62% of households have at least one literate member.
- 64% of children ages 4-18 attend school. 66% of children ages 4-13 go to the primary school and 59% of children ages 14-18 go to the secondary school.
- The diseases most commonly encountered are malaria (found in 82% of households), cold/cough (19%) and fever (19%).
- 40% of the population over 15 years old has a comprehensive correct knowledge of HIV/AIDS, but only 15% of them know their HIV status.
- Almost all epicenter households (92%) use an improved drinking-water source, and more than half of all households (59%) use an improved sanitation facility.
- 97% of pregnant women have attended at least one antenatal care visit and 100% of the births are attended by licensed health care professional.
- Women and men who think they are able to change their community represent 95% of the interviewees. Also, 88% of those surveyed have confidence in their leaders to solve their development challenges.

- 91% of the interviewees declared that they voted in the most recent national or local election.

- 30% of respondents have access to financial services (microfinance, bank accounts, informal savings groups, or insurance).

The study’s recommendations call for increased community sensitization on a wide range of topics, including women’s leadership, nutrition, literacy for children and adults, and HIV/AIDS. Other key recommendations include assisting households in acquiring modern latrines; creating incentives for families to send their children to school; opening more literacy centers closer to households; developing agro-pastoral programs to increase revenue streams and crop yields; training farmers on climate mitigation techniques; and increasing access to credit.
CONTEXT OF THE STUDY

The Hunger Project is an international non-governmental organization headquartered in New York City whose mission is to end hunger and poverty by pioneering sustainable, grassroots, women-centered strategies and advocating their widespread adoption in countries throughout the world.

The Hunger Project began working in Burkina Faso in 1997, with a country office and national management in Ouagadougou. Program heads comprise the technical team in charge of field activities, who work in collaboration with partner communities in nine of the thirteen administrative regions of the country where The Hunger Project-Burkina has established its five epicenters, or program intervention areas.

Each epicenter is comprised of five to 25 villages. The number of villages within an epicenter is determined on the basis of the socio-cultural and economic links likely to be shared by the villages joining their forces. In all cases, the group of villages chosen must show a clear desire to work together to get out of hunger and poverty. To that effect, community members choose a village to serve as the epicenter center. In that village, partners implement a number of infrastructure developments in accordance with The Hunger Project’s philosophy and strategy.

At the epicenter level, program implementation aims to lead the epicenters toward autonomy or self-reliance. The Hunger Project defines self-reliance as the point at which partner communities are sufficiently mobilized to be effective agents of their own development. Indeed, such changes reflect the impact of Hunger Project activities that emphasize awareness, leadership development, capacity building and skills development. Programs implemented through The Hunger Project’s Epicenter Strategy in epicenter villages contribute to the achievement of the eight Millennium Development Goals (MDGs) as set forth by the United Nations.

The Hunger Project-Burkina Faso: An Overview

The Hunger Project-Burkina Faso is both a national representative of The Global Hunger Project, headquartered in New York City in the United States of America, and a national organization recognized by the Burkina Faso Ministry of Territorial Administration and Security. The Hunger Project-Burkina Faso has been active in Burkina since February 1997 and is comprised of several different levels of administration: a National Office, a National Council, epicenter program heads (EPOs), field agents and volunteers, epicenter committees (in the intervention areas), and rural cooperatives and associations.

Unlike NGOs involved in emergency situations and “sponsorship-based” organizations, The Hunger Project-Burkina Faso focuses its actions on strengthening partner village capacities and skills to, ultimately, empower populations to become the agents of their own development.

Mission and Vision of The Hunger Project-Burkina

The Hunger Project-Burkina Faso’s mission is to end chronic hunger and abject poverty by pioneering the creation and implementation of strategies for sustainable development, initiated and accepted by program participants, centered on women, and popularized for widespread adoption in all countries of the world. The Hunger Project’s vision is: “A world in which every woman, man and child lives a healthy life, productive, made of dignity and self-reliance.”
The Hunger Project-Burkina Intervention Areas

The Hunger Project-Burkina Faso currently works in 15 programs zones called "epicenters" (Bissiga, Bougue, Boulkon, Diapangou, Fetombaga, Kouy, Loaga, Nagreongo, Nongfaire, Sapouy, Toufæ, Vowogo, Vy, Yegueresso, Zincko) and prioritizes programs aimed at education, literacy, skills training, environmental sustainability, food safety, drinking water, and micro credit accessibility.

The Epicenter Strategy in Burkina Faso is based on three pillars: (i) Mobilizing communities for self-reliant action, (ii) Empowering women as key change agents (iii), Fostering effective partnerships with local governments. These three pillars are supported by the following areas of intervention:

- Community mobilization: training of volunteers and community leaders
- Nutrition and health: education activities, training in preventive health and nutrition
- Water, sanitation and hygiene: training and awareness of the importance of the consumption of drinking water, hygiene and environmental protection
- Microfinance: trainings, access to savings groups and credit through loans
- Food security: facilitating access to agricultural inputs, the practice of micro-dose fertilizer application, the warrantage program, the implementation of gardens, all crowned by the construction of food banks
- Women’s Empowerment: train leaders and facilitators, strengthening women’s leadership
- Education and Literacy: Literacy classes for adults and the promotion of early childhood education

To enable partner populations to work together, to be literate, to be trained, and to have access to the food during lean periods, The Hunger Project-Burkina Faso supports the building of a minimal structure in the epicenter headquarters village, usually used to house: (1) meeting, literacy and training rooms; (2) a dormitory to enable the people of outlying villages to stay during trainings of more than one day; (3) a rural library enabling the literate to maintain their level; (4) a nursery school; (5) a food bank; (6) a community credit fund and rural savings bank; (7) an agribusiness processing unit; (8) a drilling center; (9) a water tower; (10) modern latrines; (11) a field of three hectares around the epicenter to support agricultural technology transfer.
INTRODUCTION

Objectives of the Study

The general objective of the study is to assess the effects and impact of The Hunger Project-Burkina intervention in the villages of the Boulkon Epicenter. Specifically, it seeks:

- To assess the habitat and physical housing of family households;
- To assess the community level of education and literacy;
- To assess community practices in the areas of sanitation, access to water and energy sources;
- To assess community mobilization through community leadership, as well as the issues of gender and equality;
- To assess community-level food security, the diversification of crops and farm incomes;
- To measure community involvement level in terms of access to health care services;
- To assess community knowledge and prevention of HIV/AIDS and malaria;
- To assess other household sources of income through non-agricultural income-generating activities (IGAs);
- To experiment with the use of iPods for data collection from households; and
- To propose solutions for improved living conditions.

Boulkon Epicenter: An Overview

The head office of Boulkon Epicenter is located in the northern region, in the Arbolle rural commune, about 100 km of the north of Ouagadougou (the capital of Burkina Faso). It is managed by an epicenter committee that is supported by thematic sub-committees in the areas of food security, credit, monitoring and evaluation, education and literacy, health and nutrition, and environment.

The epicenter as an intervention area covers 16 villages with approximately 20,980 inhabitants, of which 11,424 are women (RGPH 2006). The epicenter is located in a Sudano-Saharan climate where there are two seasons: dry and rainy. According to the thematic study on the physical environment, the area of Boulkon Epicenter seems, from the outset, naturally disadvantaged. It presents physical constraints such as erosion, irregular and weak rainfall and endangered fauna (source: monograph of the Northern Region). The population’s main activities are agriculture and animal stock farming.

The epicenter is located at latitude of 12°55’58”N and 1°57’05”W. It can be seen on the following map:
METHODOLOGY

A mixed method approach was employed in this study including randomized household sampling, focus groups and key informant interviews to collect both qualitative and quantitative data points. Information was gathered using iPod Touch devices via iFormBuilder for the household surveys and iTalk to record interviews and focus group discussions. The following section describes the statistical methods applied to identify household respondents.

The development of data collection tools, such as the survey questionnaire and the interview guides, were designed taking into account the results expected from the study. The questionnaire was developed in collaboration with The Hunger Project-Burkina Faso’s National Office and the Global Office’s monitoring and evaluation specialist in the United States. The collection methodology and tools were pre-tested in the field during a December 2013 pilot exercise prior to the start of the study. The pre-test was used to correct the imperfections on the questionnaire.

The pilot outcome evaluation was conducted in December 2013. After analyzing the results, several data collection errors were discovered that invalidated many key data points. Therefore, an abbreviated outcome evaluation was conducted in December 2014. This second evaluation used an abbreviated version of the same household survey, designed to capture only the missing data points. The abbreviated outcome evaluation followed the same sample size and selection methodology as the pilot.

Sample Strategy

Sampling Frame and Unit
The study sample comprises 265 households divided among the 16 villages of Boulkon Epicenter. This division was made proportionally to the size of the village populations. For example, 22.60% of the households selected were from the village of Boulkon, where 22.6% of the population lives. Table 1, seen below, shows the proportions of the various villages.

Table 1: Sampling Frame Used

<table>
<thead>
<tr>
<th>Name of Community</th>
<th>Number of Households Surveyed</th>
<th>Percent of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedego</td>
<td>8</td>
<td>3.0%</td>
</tr>
<tr>
<td>Boulkon</td>
<td>60</td>
<td>22.6%</td>
</tr>
<tr>
<td>Doure</td>
<td>11</td>
<td>4.2%</td>
</tr>
<tr>
<td>Kapon</td>
<td>30</td>
<td>11.3%</td>
</tr>
<tr>
<td>Kossoghin</td>
<td>18</td>
<td>6.8%</td>
</tr>
</tbody>
</table>
### Sampling Approach

A randomized sampling was used to identify the 265 target households. Enumerators practiced the “day code” rule, a method of determining which household will be surveyed first on a given random route by using the day of the month (one digit only)\(^1\). After the first house was selected with the day code, all remaining households were selected with a uniform skip pattern (e.g., interview every fourth house on the left) and the “keep left rule,” where enumerators turned left at every intersection encountered, regardless of the day of the week.

Once a selected household was reached, the enumerator confirmed that the household met all selection criteria (see below) and asked to speak with the household’s main decision maker(s). If the respondent was not a female, the enumerator asked to speak with the head female of the house to answer questions on gender equality and community mobilization. Enumerators also spoke with up to 3 females aged 15 to 49 (reproductive ages) living in the household to answer questions about their dietary diversity. Where more females were present at the household in this age range, the enumerator followed the birthday rule to select the three women with the closest birthdays to the day of the survey.

If the selected participant was not home, the enumerator approached the next eligible household on the left. If a selected participant refused to participate, the enumerator left and approached the next eligible household to complete the survey. Enumerators followed the designated survey procedures until they achieved the target number of household surveys for that village.

### Sampling Criteria

All the households in the study had an equal chance of being selected to participate in the survey irrespective of whether they were a direct Hunger Project partner or not. Some sections of the survey however had special instructions on who should and should not participate. For instance, questions on balanced diet and nutritional foods were asked to only women within the age of 15 to 49 years. In health and nutrition, questions were asked to only respondents above 15 years of age and gender perspectives questions were asked to both female and male respondents but in separate sessions.

### Sample Size

<table>
<thead>
<tr>
<th>Village</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Koussogo</td>
<td>17</td>
<td>6.4%</td>
</tr>
<tr>
<td>Mare</td>
<td>8</td>
<td>3.0%</td>
</tr>
<tr>
<td>Rénon</td>
<td>12</td>
<td>4.5%</td>
</tr>
<tr>
<td>Ribou</td>
<td>12</td>
<td>4.5%</td>
</tr>
<tr>
<td>Sibalo</td>
<td>14</td>
<td>5.3%</td>
</tr>
<tr>
<td>Sikouinse</td>
<td>15</td>
<td>5.7%</td>
</tr>
<tr>
<td>Singdin</td>
<td>15</td>
<td>5.7%</td>
</tr>
<tr>
<td>Tance</td>
<td>10</td>
<td>3.8%</td>
</tr>
<tr>
<td>Tinma</td>
<td>17</td>
<td>6.4%</td>
</tr>
<tr>
<td>Yargho</td>
<td>8</td>
<td>3.0%</td>
</tr>
<tr>
<td>Zoetgomde</td>
<td>10</td>
<td>3.85%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>265</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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\(^1\) For example, On the 5th of the month the 5th house is selected, on the 15th of the month the 6th house is selected (1+5), on the 28th of the month the 1st house is selected (2+8 = 10, 1+0 = 1).

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THP-Burkina Intervention Effects & Impacts in the Villages of Boulkon Epicenter
February 2014
The following sample formula was applied at each stage of the sample strategy. All sample sizes were selected to allow for a 95 percent confidence level \( Z \) and a confidence interval of \( \pm 5 \) percent \( d \). The population \( N \) used was based on the 2006 national census figures.

**Sample Formula**

\[
n = \frac{N \times Z^2 \times P(1-P)}{[d^2 \times (N-1)] + [Z^2 \times P(1-P)]}
\]

Where

- \( n \) is the sample size
- \( N \) is the total population (145 constituencies: 531 wards; 1,202,767 households)
- \( d \) is the margin of error/ precision level \( (d = 5\%) \)
- \( Z \) is the desired confidence level \( (Z \text{ score of } 1.96 \text{ or } 95\% \text{ confidence level}) \)
- \( P \) is the population proportion \( (P = 0.5) \)

This method has been adopted to obtain a statistically reliable result. Using this method, the representative sample for Boukou Epicenter was 265 participants.

**Qualitative Strategy**

**Focus Group Discussion**

A Focus Group Discussion (FGD) of twelve people was held in the epicenter. This focus group is a qualitative data collection method, which aimed to seek public input on The Hunger Project’s intervention effects and impacts in the villages of Boukou Epicenter. This method is a suitable supplement to the household survey because allows open discussions and constitutes an ideal frame where community members can express themselves freely and create their own solutions. The participants in the FGDs were selected randomly on behalf of the Epicenter Program Officer. He informed the population of the date of the FGD and of the number of people required. For the selection, any person who was interested in the focus group could take part.

**Key Informant Interviews**

Four key informants were interviewed. These were the Epicenter Program Officer, the chairman of the epicenter committee, the village chief of Kapon, and the councilman from Boukou village. These interviews aimed to collect key information regarding the different sectors in which The Hunger Project-Burkina Faso works.

**DATA COLLECTION PROCESS**

**Enumerator Training & Piloting the questionnaire**

A total of eight enumerators were trained on the questionnaire, use of iPods, and survey methodology for two days in Ouagadougou.

Pilot interviews were carried out in Boukou Epicenter, selected due to its proximity to Ouagadougou and because the study would be conducted in Boukou. During the pilot testing, a few issues were revealed with the questionnaire and the devices. These issues were resolved before the study was conducted.

**Field collection and survey submission**
Enumerators conducted a total of 265 surveys over five days, averaging 53 surveys per day. The questionnaires were administered at households to allow respondents to feel comfortable discussing these themes. Surveys were completed on the iPods. At the end of each day, enumerators met with The Hunger Project’s M&E Officer to discuss challenges or report issues from the surveys administered that day.

**Quality check, data entry, and data review**

After the data collection, the iPods were synchronized with the server (The Hunger Project.iformbuilder.com). Data was exported to Excel and SPSS 16.0 software for processing and analysis. This software has enabled percentage calculations, clear correlations and comparisons, and charted representations which have given the results included in this report.
## RESULTS: QUANTITATIVE

### Table 2: Outcome Indicator Summary

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of individuals reporting the ability to change their communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>95.25%</td>
<td>96.00%</td>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Male</td>
<td>93.68%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women's Empowerment Impact Score</td>
<td></td>
<td>46.65</td>
<td></td>
<td>Score (out of 100)</td>
</tr>
<tr>
<td>Women's Dietary Diversity: Mean number of food groups consumed by women of reproductive age (15-49 years)</td>
<td></td>
<td>2.83</td>
<td></td>
<td>Number (0-9 food groups)</td>
</tr>
<tr>
<td>Proportion of households with at least one literate person</td>
<td></td>
<td>62.26%</td>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Prevalence of households with moderate or severe hunger</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>6.54%</td>
<td>6.54%</td>
<td>+57.57%</td>
<td>Percent</td>
</tr>
<tr>
<td>Severe</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of individuals using clinics/health workers during illness</td>
<td></td>
<td>91.96%</td>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Proportion of population aware of their HIV status</td>
<td>9.7%</td>
<td>15.42%</td>
<td>+57.57%</td>
<td>Percent</td>
</tr>
<tr>
<td>PPI: Proportion of households below the poverty line</td>
<td>44.5%</td>
<td>38.08%</td>
<td>-14.43%</td>
<td>Percent of households below $1.25/day PPP</td>
</tr>
<tr>
<td>Average yield per hectare for farming households</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Millet</td>
<td>778.05</td>
<td></td>
<td></td>
<td>kg/hectare</td>
</tr>
<tr>
<td>Sorghum</td>
<td>725.66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legumes</td>
<td>444.96</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of households implementing risk-reducing practices/actions to improve resilience to climate change</td>
<td>84.96%</td>
<td></td>
<td></td>
<td>Percent</td>
</tr>
</tbody>
</table>

2 The baseline data project gathered data from reliable secondary sources at the year closest to mobilization. The most frequently used sources were Demographic and Health Surveys and World Bank Data. Baseline data is not available for every indicator, as The Hunger Project has many indicators that are specific to its projects.
<table>
<thead>
<tr>
<th>Outcome Indicators</th>
<th>Water and Sanitation</th>
<th>Food Security and Agriculture</th>
<th>Community Mobilization and Leadership</th>
<th>Health and Nutrition</th>
<th>Microfinance and Livelihoods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proportion of households using an improved drinking-water source</strong></td>
<td>71.2%</td>
<td>92.41%*</td>
<td>+29.78%</td>
<td>Percent</td>
<td>Proportion of female small business owners</td>
</tr>
<tr>
<td><strong>Proportion of households using an improved sanitation facility</strong></td>
<td>6.3%</td>
<td>59.07%*</td>
<td>+837.65%</td>
<td>Percent</td>
<td>Proportion of rural households with non-farm businesses</td>
</tr>
<tr>
<td><strong>Proportion of children age 4-18 attending school</strong></td>
<td>63.84%</td>
<td>Percent</td>
<td></td>
<td></td>
<td>Proportion of adults accessing financial services</td>
</tr>
<tr>
<td><strong>Gender parity ratio: Percentage of girls to boys enrolled at primary school</strong></td>
<td>0.99</td>
<td>1.03</td>
<td>+4.09%</td>
<td>Ratio (girls/boys)</td>
<td>Proportion of children age 4-18 attending school</td>
</tr>
<tr>
<td><strong>Proportion of smallholders applying improved management practices and technologies on farms</strong></td>
<td>100%</td>
<td>Percent</td>
<td></td>
<td></td>
<td>Proportion of smallholders selling farm produce</td>
</tr>
<tr>
<td><strong>Proportion of smallholders selling farm produce</strong></td>
<td>31.84%</td>
<td>Percent</td>
<td></td>
<td></td>
<td>Proportion of community members who perceive leaders to be successful in addressing community concerns</td>
</tr>
<tr>
<td><strong>Gender parity ratio: Percentage of girls to boys enrolled at primary school</strong></td>
<td>0.99</td>
<td>1.03</td>
<td>+4.09%</td>
<td>Ratio (girls/boys)</td>
<td>Male</td>
</tr>
<tr>
<td><strong>Proportion of community members who perceive leaders to be successful in addressing community concerns</strong></td>
<td>91.58% 88.78%</td>
<td>Percent</td>
<td></td>
<td></td>
<td>Proportion of adults who voted in the most recent national or local election</td>
</tr>
<tr>
<td><strong>Proportion of adults who voted in the most recent national or local election</strong></td>
<td>38%</td>
<td>81.05%</td>
<td>95.52%</td>
<td>Percent</td>
<td>Male</td>
</tr>
<tr>
<td><strong>Proportion of population participating in epicenter activities, committees, workshops, and meetings</strong></td>
<td>27.70%</td>
<td>Percent</td>
<td></td>
<td></td>
<td>Proportion of population over 15 years old with comprehensive correct knowledge of HIV &amp; AIDS</td>
</tr>
<tr>
<td><strong>Proportion of population over 15 years old with comprehensive correct knowledge of HIV &amp; AIDS</strong></td>
<td>28.8%</td>
<td>Percent</td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Antenatal Care Coverage</strong></td>
<td>94.20%</td>
<td>96.77%*</td>
<td>+2.73%</td>
<td>Percent</td>
<td>Proportion of female small business owners</td>
</tr>
<tr>
<td><strong>Proportion of births attended by licensed health care professional</strong></td>
<td>7%</td>
<td>100%*</td>
<td>+1328.57%</td>
<td>Percent</td>
<td>Proportion of rural households with non-farm businesses</td>
</tr>
<tr>
<td><strong>Percent of knowledge of exclusive breastfeeding practices</strong></td>
<td>41.1%</td>
<td>Percent</td>
<td></td>
<td></td>
<td>Proportion of adults accessing financial services</td>
</tr>
<tr>
<td><strong>Proportion of population over 15 years old with comprehensive correct knowledge of HIV &amp; AIDS</strong></td>
<td>28.8%</td>
<td>40.15%*</td>
<td>+39.77%</td>
<td>Percent</td>
<td>Proportion of female small business owners</td>
</tr>
</tbody>
</table>

*Data comes from abbreviated household survey conducted in December 2014.
Demographics

Among the surveyed households, 54.70% are managed by adult men and 27.2% are managed by adult men and women (See Chart 1). Only 18% of households are headed by women.

Chart 1: Household Structure – Head of Household

The average age of the head of household is 45 years with a standard deviation of 18.36. This result shows that the population is young and is characteristic of the overall Burkina Faso population who, as a whole, is young (INSD, 2003). The youngest respondent of the sample is 15 years old and the eldest is 100 years old.

94.7% of households report agriculture as the main activity. Secondary activities in the villages are: small stock farming, gold washing, arts, crafts and masonry. Educational achievement in Boulkon is low. It is noted that 73% of adults did not receive any formal education and an additional 7% did not finish primary school. Educational attainment of adults is displayed below in Chart 1.
As a result of low educational attainment, only 19% of adults 18 and older are literate.

**Household Characteristics**

The average household is eight people with a standard deviation of 4.8. In 2006 in rural Burkina Faso, the average household size was 6.6 people (INSD, 2006). The most common methods of transportation are bikes or motorcycles, which are owned by 96.6% of households. The household’s main lighting source was the “Chinese lamp” a bulb device that works on batteries. This item was used by 75.8% of the households surveyed. The most common medium of information was the radio, which was owned by 77.7% of households. Ironing clothes is not yet a habit of the people living in Boulkon Epicenter ironing irons are owned by only 9.1% of households. Chart 2 below gives an overview of households that own durable goods.
Environment and Housing

The household environment varies depending on the type of roof and floor. The household’s well-being is expressed through these elements. This analysis shows the results based on direct observations by the enumerators. The roofs of the houses surveyed are mainly made of corrugated iron, representing 92.6% of the sample. Thatched roofs or vegetable matter represented 7.4%. Chart 5 below illustrates the nature of each household’s main house roof.

Chart 4: Roofing Materials, percentage of households

![Chart 4](chart4.png)

The survey shows two types of household flooring (See Chart 5). 81% of households have cement/concrete floors while 19% have clay floors. According to the last general census of the population (RGPH 2006), cement and clay were used 22.9% and 66.9%, respectively, for floors in rural areas (INSD, 2009). We note an increase of households where floors are cement and a decrease of those with clay. These results show a positive evolution of the improvement of household environments.

Chart 5: Floor Materials, percentage of households

![Chart 5](chart5.png)

Household Energy Sources

The households’ main lighting sources are battery-operated lamps. These are used in 90.7% of households in the study area (see Chart 6). This is due to their accessibility as well as their affordability.
For cooking, 96.9% of households use collected firewood as combustible. The next most common source of cooking energy is agricultural crop residues, which are used in 1.90% of households (See Chart 7).

Community Mobilization

The study highlights the perceptions men and women have of their capacity to influence development decisions in their communities. Men who strongly agree that they can change their community represent 47% of the cases. The same perception is true for a much lower percentage of women, only 36%. This discrepancy highlights a gender gap on the perceptions of having the ability to change one's community. Chart 8 below shows the different perceptions depending on the gender.
The households surveyed assessed their local leaders' capacity to resolve community problems. The majority of men (87%) and women (92%) feel that their leaders are effective in resolving their community's development problems. However, 11% of men and 4% of women do not feel that leaders are effective. Figure 4 below shows the community's assessment of their leaders.

Chart 9: Perceptions on the effectiveness of community leaders to solve problems, percentage of respondents
The survey also measured whether respondents participated in the most recent election in Burkina Faso: the legislative-municipal elections of December 2012. According to the study, 96% of men surveyed participated in this vote. The proportion of women who participated was 81%. This result highlights a gender gap of 15 percentage points in voting. Participation in elections is a civic right of each citizen of voting age (18 years in Burkina Faso). Chart 10 below illustrates the participation of men and women in the last election.

Chart 10: Percentage of respondents who voted in the last election

An estimated 91% of the population voted in the last election. Compared to baseline (38%), this achievement represents a 139% increase in voting. A high confidence in the ability to change one’s community, the positive perceptions towards leaders, and programs that mobilize communities and/or encourage voter participation could potentially explain this positive result.

The Hunger Project-Burkina Faso, through its different programs, regularly organizes many activities in the epicenters and 27.61% of the interviewees affirmed that they have participated in community meetings, workshops, or trainings hosted by staff or animators. Among this population, 31.58% are women and 25.74% are men.

Individuals’ capacities to take the floor or demonstrate leadership in public has been analyzed. The ability to lead is necessary during meetings where it is required to defend a position. The analysis highlighted the fact that more men strongly agree that they feel comfortable in public, while more women do not feel comfortable speaking (29% of men versus 11% of women). Chart 11 below summarizes the various positions depending on the gender.
Women’s participation in civil society groups as members of a board or participation in decision-making clearly reflects some inequalities regarding gender. Approximately 54.74% of the women interviewed are members of a civil society group, and yet only 14.74% occupy a leadership position. As for men, 51.23% participate in civil society organizations and 22.60% occupy a leadership position. Men have also contributed more to development projects in their communities. In the year preceding the survey, 76.84% of women and 87.68% of men interviewed have contributed either in action or in cash to their community development.

Approximately 32% of women and 26% of men have already participated in meetings or trainings organized by The Hunger Project. And though women are more active in these groups, it is the men that occupy the majority of the available leadership positions. On average, respondents who have participated with The Hunger Project have been to 3.7 trainings or workshops. When asked to identify the thematic content of the trainings, nearly half mentioned microfinance. The next two topics most commonly identified were WASH and women’s empowerment. All of the topics identified are shown in Chart 12.
When it comes to perceptions, women and men agree that women should be more involved in politics and/or civil society. Chart 13 below illustrates public opinion. While it is encouraging to see that perceptions are positive and balanced towards women’s participation, this perception has yet to be achieved in the actual participation rates.

Chart 13: Opinions on women’s involvement in politics or civil society, percentage of respondents
Gender and Equality

Gender tracking highlights the relations between men and women in a given community. It allows an analysis of social relations between men and women to raise awareness of the disparities between the sexes. Gender refers to the social role of men, women and other social sub-categories. It is a relational concept that analyzes a woman's role as compared to a man’s.

Gender equality is practiced when there is effective participation of the whole community to obtain a reasonable quality of life and equal access to goods, services, resources, profits and opportunities arising from development. Everything that is related to gender is changeable.

For decision-making in the communities, the heads of villages or of households play a primary role. 54% of women and 50% of men believe that household or village leaders have the primary responsibility for decision-making. 40% of women and 46% of men attribute community decision-making power to village advisers. The different perceptions are summarized in Chart 14.

Chart 14: Perceptions on decision-making in the community, percentage of respondents

At the household level, decision-making rests with the head of the household, according to 32.29% of women and 40.43% of men. 38.38% of men and 32.29% of women report cooperative decision-making (jointly between the man and woman of the household). Only 20% of women believe that the man of the household should make decisions alone, as opposed to 33% of men (See Chart 15).
Today in Burkina Faso, violence against women is increasingly denounced and penalized and awareness campaigns are organized across the country by government services and some NGOs such as The Hunger Project. Large percentages of both men (76.06%) and women (81%) are aware of these campaigns (See Chart 16).

Chart 16: Awareness of campaigns to prevent violence against women, percentage of respondents

The study measured opinions on violence against women. 54% of women strongly disagree that a man should be able to strike his wife, as compared with only 30% of men. About a fifth of men and women feel indifferent on this issue (22% of men and 16% of women). Some women (9%) and men (8%) believe that it is acceptable for a husband to strike his wife (See Chart 17).
Women’s Empowerment

Women’s empowerment has long been a central component of The Hunger Project’s programs. To assess impact and review performance in this area, The Hunger Project developed the Women's Empowerment Index (WEI). WEI is a composite index designed to measure progress in advancing the multidimensional aspects of women's empowerment. It was developed in-house by The Hunger Project M&E department, and is based on extensive external research and internal testing. It allows for comprehensive benchmarking of progress towards empowering women which helps The Hunger Project strategically design and implement programs for empowering women in focus regions.

The Women’s Empowerment Index (WEI) measures women’s achievement and gender parity in five equally-weighted domains: agency, income, leadership, resources, and time. Each domain is determined by 2-3 indicators.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency (20%)</td>
<td>Community Decision Making</td>
</tr>
<tr>
<td></td>
<td>Household Decision Making</td>
</tr>
<tr>
<td></td>
<td>Spousal Abuse is Unacceptable</td>
</tr>
<tr>
<td>Income (20%)</td>
<td>Owning and Operating Businesses</td>
</tr>
<tr>
<td></td>
<td>Access to Financial Service</td>
</tr>
<tr>
<td>Leadership (20%)</td>
<td>Membership in Community Organization</td>
</tr>
</tbody>
</table>

Chart 17: Perception on if it is acceptable for a husband to hit his wife, percentage of respondents
The index is calculated out of 100 possible points, and the higher the index, the greater the level of women’s empowerment in a community.

Boulkon’s Women’s Empowerment score is 46.65. This score points to both strengths and weaknesses of women’s empowerment in Boulkon Epicenter. For deeper understanding, it is best to examine the scores within the domains. The achievement in each of the five domains is shown below in Chart 18. This chart shows the percentage of possible points achieved in each domain. It reveals that women are doing quite well in the leadership domain, and have achieved more than 50% of the possible points in the agency and resources domain.

Even with these accomplishments in leadership, resources, and agency, women are not performing as strongly in the domains of income and time. The results show that women’s access to income, whether through business ownership or use of financial services, is still limited. In addition, the bulk of domestic drudgery is still given to women. This is not to say that men are not contributing to households chores, but that women are still primarily responsible for time-consuming domestic tasks such as gathering firewood and drinkable water.

Chart 18 : Women’s Empowerment Index for Boulkon Epicenter, by Domain
The results can be examined even more closely by looking at the achievement of each indicator, as displayed in Chart 19. Similar to the previous graph, this one shows the percentage of possible points achieved for each indicator. This more detailed view reveals that women are performing extremely well in participation in community organizations, prenatal care, and perceptions on spousal abuse. There is still space for improvement in community decision-making and business ownership. Similar to the domain analysis, this view again highlights that women are still largely responsible for gathering fuel and water in the household.

Chart 19: Women’s Empowerment Index for Boulkon Epicenter, by Indicator

Water, Sanitation, and Environment
Access to Water
Household sources of drinking water are mostly drilled boreholes (89%). Nevertheless, nearly 7% of households (See Chart 20) use water from unprotected wells. To combat the diseases originating from water, households must consume uncontaminated water from clean springs.

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3 The indicator on access to financial services did not survey enough women to be representative of the population and was therefore excluded from this analysis.
Overall, 92% of the population in Boulkon drinks primarily from an improved water source. This represents an achievement from baseline. In fact, there is a 30% increase in the percentage of households drinking from an improved water source. The emphasis on improved water at the epicenter site could have contributed to this result.

To overcome water-borne diseases, some households treat their drinking water (See Chart 21). 83.4% of households drink water without any treatment. These households consider the water to be clean because it is coming from drilled boreholes or other reliable sources, and that it is not necessary to treat it again.
Sanitation

The most common type of sanitation used is an improved pit latrine (pit latrine with slab). Private toilets are used by 66% of households, while 5% use public toilets. A significant number of households (28%) still use nature for human waste disposal. This can cause major health problems. Diseases such as diarrhea and dysentery, which are mainly caused by the lack of hygiene, create epidemic situations when human waste disposal is exposed rather than secure.

Chart 22: Household Sanitation

Overall, 59% of the population is using an improved sanitation source. At baseline, only 6% had access to improved sanitation, highlighting an impressive 838% increase. Work constructing and rehabilitating latrines might have contributed to this outcome.

There are two recommended modes of garbage disposal for better health. The first is that the households have their private garbage bins where they put their waste, which are then regularly emptied by a waste management and remediation service to either put waste out of reach of the populations or for adequate treatment. The second mode, which is part of municipality efforts to guarantee public health, requests the garbage be thrown in public bins located somewhere in the villages of the epicenter where they will undergo the same treatment as the households’ private garbage bins. The following chart divides households by garbage disposal mode. 80.60% of households use their own hole or pile for their household waste. Also, 17.8% of households are throwing their garbage on to fallow land (See Chart 23).
Environment

Climate change is a reality. It is necessary that households understand the risks in order to adapt to its possible effects. In this study, households’ perceptions about climate change were measured. The majority (70.9%) said they are concerned by climate change. Only 4.2% of households were not sure if they were concerned by climate change (See Chart 24).

Chart 24: How concerned are you about weather changes/global warming?

Households were also asked their perceptions on deforestation (See Chart 25). Most households are concerned by deforestation — 54.30% are basically concerned and 44.50% are very concerned.
Chart 25: How concerned are you with deforestation (loss of natural habitat)?

![Chart showing percentages of households concerned about deforestation](image)

**Literacy and Education**

In Burkina Faso, we have formal and informal education. The formal education system is split into four levels: Nursery school which lasts three years; primary school which lasts six years and ends with a primary school completion certificate; and secondary school which itself has two levels—the first cycle of the secondary school lasts four years and ends with the French General Certificate of secondary school or O’level; and the second cycle which last three years and ends with the A’level. Besides the formal education, we have an informal system where people are taught to read and write in local languages in literacy centers. According to the evaluation in Boulkon, 62.26% of the households surveyed have at least one literate person.

**School Attendance**

In Burkina Faso, children between the ages of six and seven years enter primary school. Additionally, The Hunger Project emphasizes nursery school for younger children as a key intervention. For that reason, the attendance of children 4-18 years old is analyzed in this study. According to the study, the proportion of children attending school is 63.84% and this percentage is of 65.60% for the primary school (4-13 years old) and 58.85% for the secondary school (14-18 years old). 65.73% of girls age 4-18 go to school, versus 61.97% of the boys of the same age.

The Gender Parity Ratio highlights the equity between genders in primary school by comparing the percentage of girls attending to boys attending. In Boulkon, the Gender Parity Ratio is 1.03. This means that a greater percentage of girls than boys are attending. That is, for every 100 boys that attend primary school, there are 103 girls.

Baseline data is available for the percentage of students in primary and secondary school and the Gender Parity Ratio. The percentage of students in both primary and secondary school has increased since baseline, by 23% and 386%, respectively. This increase in secondary schooling is particularly impressive. At baseline, the Gender Parity Ratio was 0.99, nearly equal between the sexes. Since baseline, the ratio has increased in favor of girls, with a higher proportion of girls in school. While it is a great achievement that more girls are attending school, the aim should be parity so it will be essential to monitor this indicator to make sure that boys are also attending school at equal rates.
Chart 26: Percentage of children ages 4-18 enrolled in school

36.19% of school-aged children are not enrolled in school. The primary reason given for non-attendance was a concern about the child's age: most were considered too young to attend (47%). In fact, in rural areas, households consider age 7 the appropriate age to start primary school. Other reasons for non-attendance are: no specific reasons (28.60%) and inability to pay school fees (6.7%). See Table 3 below for more details:

Table 3: Reasons for the non-enrollment of children age 6-18

<table>
<thead>
<tr>
<th>Why isn't the child in school?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couldn't afford fees</td>
<td>6.8</td>
</tr>
<tr>
<td>He/she has had enough school</td>
<td>7.4</td>
</tr>
<tr>
<td>He/she wasn't doing well in school</td>
<td>1.5</td>
</tr>
<tr>
<td>Needed the child to stay home to care for the family</td>
<td>1.2</td>
</tr>
<tr>
<td>Needed the child to stay home to help with the farm</td>
<td>1.5</td>
</tr>
<tr>
<td>or other household chores</td>
<td></td>
</tr>
<tr>
<td>No reason in particular</td>
<td>28.6</td>
</tr>
<tr>
<td>Other</td>
<td>3.6</td>
</tr>
<tr>
<td>School is too far from home</td>
<td>0.3</td>
</tr>
<tr>
<td>Too old</td>
<td>2.1</td>
</tr>
<tr>
<td>Too young</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

In households in which children attend primary school, travel to and from school takes on average 14.76 minutes. The average travel time to high school or middle school is 85 minutes.

The analysis of household expenditure with regards to schooling shows that average annual education expenses are approximately less than $100. 36.6% of households spend between $20 (USD) and $100 (USD) annually. The households who spend more than $600 USD per year represent 1.90% of the sample. This finding shows the importance of school expenditures (uniforms, supplies, books, fees, school meal programs, etc.) in the rural households (See Chart 27).
65% of household heads stated that their children had all the school supplies and books needed, while 14% of households mentioned not having any school supplies for their children (See Chart 28.)

The study of literacy rates in Burkina Faso was centered primarily on adults. Approximately 13% of households have at least one member who has attended a literacy center organized by The Hunger Project-Burkina Faso. This low rate may be explained by the fact that adults are not available to attend courses. Most working adults are typically busy with the artisanal gold mining that currently flourishes in the area. Literacy is also affected by accessibility of the literacy center. 32.70% of the households are aware of the existence of a literacy center in their village or surrounding area (See Chart 29).
Chart 29: Are adult literacy classes available in your community?

Food Security and Agriculture

Women’s Dietary Diversity

Women’s dietary diversity analyzes the number of different food groups consumed by each woman of reproductive age (15-49 years) during a 24 hours period. In this study, 16 food groups have been considered (Table 4).

Table 4: Food groups used in calculating women’s food diversity

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Number of women who consumed food group (of 117 women)</th>
<th>Percent of women consuming food group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starchy staples (cereals, roots, and tubers)</td>
<td>115</td>
<td>98.29%</td>
</tr>
<tr>
<td>Dark green leafy vegetables</td>
<td>37</td>
<td>31.62%</td>
</tr>
<tr>
<td>Vitamin A rich fruits and vegetables</td>
<td>4</td>
<td>3.42%</td>
</tr>
<tr>
<td>Other fruits and vegetables</td>
<td>52</td>
<td>44.44%</td>
</tr>
<tr>
<td>Organ meat</td>
<td>2</td>
<td>1.71%</td>
</tr>
<tr>
<td>Meat and fish</td>
<td>44</td>
<td>37.61%</td>
</tr>
<tr>
<td>Eggs</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Legumes, nuts and seeds</td>
<td>8</td>
<td>6.84%</td>
</tr>
<tr>
<td>Milk and milk products</td>
<td>6</td>
<td>5.13%</td>
</tr>
</tbody>
</table>

The women who responded to the questionnaires are an average of 31 years old with a standard deviation of 7.92. The total women’s dietary diversity score is 2.83. This means that, on average, women in Boulkon Epicenter are consuming food from less than three of the above groups per day. As can be seen in the table above, the most commonly consumed food groups were starchy staples, fruits and vegetables, and meat and fish.

Household food security

Household food security measures the prevalence of households with moderate or severe hunger. It is defined by the household’s ability to provide its members with an adequate number of meals during all 12 months of the year. In order to measure food security, the Household Hunger Scale was used. Tabulating the answers to three questions determines a final score on this scale:
i. During the preceding four weeks, was there a lack of food to eat in your house because of a lack of resources to get the food?

ii. In the course of the preceding weeks, did you or a member of your household go to bed at night hungry (without eating) because there was not enough food?

iii. In the course of the preceding four weeks, did you or a member of your household spend an entire day and night without eating something because there is not enough food?

The answers to the above questions were used to calculate the Household Hunger Score for the four weeks preceding the investigation. Table 5 below summarizes the results:

**Table 5: Household Hunger Scale Scoring**

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 = Little to no hunger (food secure)</td>
<td>93.46%</td>
</tr>
<tr>
<td>2-3= Moderate hunger (moderate food insecurity)</td>
<td>6.54%</td>
</tr>
<tr>
<td>4-6 = Severe hunger (severe food insecurity)</td>
<td>0%</td>
</tr>
</tbody>
</table>

It is important to note that the data collection period coincided with the harvest time. As the calculation of the food security index has referenced the month preceding the survey, the rate of household food security must be considered within this context.

**Agriculture Overview**

Agriculture is the main activity of the Boulkon Epicenter villages. 94.7% of households reported that the main job of the head of household was in agriculture. The three main crops produced (See in Table 6) are millet, sorghum, and legumes. The average field area is 1.7 hectares.

**Table 6: Boulkon Epicenter crops**

<table>
<thead>
<tr>
<th>Crop</th>
<th>Households growing crops</th>
<th>Average yield per hectare (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Millet</td>
<td>83</td>
<td>445</td>
</tr>
<tr>
<td>Sorghum</td>
<td>61</td>
<td>726</td>
</tr>
<tr>
<td>Legumes</td>
<td>49</td>
<td>445</td>
</tr>
</tbody>
</table>

These yields are overall low. The average yield for all three crops is below the average expected yield.

The results suggest that the majority of farmers are engaged in subsistence farming. The study reveals that only 32% of farming households sell their farm produce and that the sale of agricultural products has provided an average of $65 (USD) to each household. 88% of households own their property, which gives them a certain interest to invest there and 12%

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4 The average expected yields are: millet (1000 kg/hectare), sorghum (1000 kg/hectare), and legumes (1000 kg/hectare)
of households borrowed their land without payment. If households were to rent their land, the average annual rent would be an estimated $408 USD.

The Hunger Project supports agricultural activities through providing inputs and training on new production technologies. Our study found that 14.20% of households have received support from The Hunger Project-Burkina Faso (Chart 30).

Chart 30: The Hunger Project-Burkina Faso support of agricultural activities

Agricultural Practices

Farmers are using new technologies in agriculture. All the household surveyed have affirmed applying at least one improved management practices and technologies on farms. The most commonly used agricultural practices are displayed in Chart 31 below. Nearly all households use animal drawn ploughs, and many employ fertilizer, mulch or compost, hybrid seeds, and crop rotation practices.

Chart 31: Percentage of farming households implementing improved agricultural practices

Of the good agricultural practices, several are considered practices that will improve resilience against climate change. The study showed that 84.96% of households implemented risk-reducing practices. In Boulkon Epicenter, these included plant spacing, planting hybrid or improved seeds, crop rotation, and applying appropriate levels of fertilizer.
Livestock

In addition to agriculture, households frequently participated in animal husbandry, though the purpose varies from one household to another. Some are breeding livestock for family consumption (31.20%) while others are breeding for additional income (68.80%). The average number of livestock per household is approximately 31 animals (all species combined). The most common species are goats/sheep, chickens, cattle and donkeys. Chart 32 summarizes the percentage of households raising each type of livestock.

Chart 32: Percentage of households with livestock type

The sale of domestic animals provides income to many households. The average annual income from livestock is $58 USD (see Table 7). The last 12 months of sales preceding the survey were counted. In general, households only sell animals in case of need (diseases, tuition fees, social event, etc.).

Table 7: average income of domestic animals sale depending on the type

<table>
<thead>
<tr>
<th>Livestock type</th>
<th>Income (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cattle</td>
<td>$39.81</td>
</tr>
<tr>
<td>Chickens</td>
<td>$2.97</td>
</tr>
<tr>
<td>Donkey</td>
<td>$0.41</td>
</tr>
<tr>
<td>Goats or Sheep</td>
<td>$12.50</td>
</tr>
<tr>
<td>Pigeon, duck, turkey or other fowl</td>
<td>$0.23</td>
</tr>
<tr>
<td>Pigs</td>
<td>$1.77</td>
</tr>
<tr>
<td>Total</td>
<td>$57.70</td>
</tr>
</tbody>
</table>
Health and Nutrition

Access to Healthcare

The distance from the household to the nearest health center may be a decisive factor for household use of health care and services. The majority of households (41.20%) are located at a distance less than or equal to 3 km from the closest health facility. Only 21.40% of households are between 3 and 5 km (Chart 3). In the national health system of Burkina Faso, the acceptable distance is 15 km or less.

Chart 1: Distance from household to the nearest health center

The Hunger Project encourages the population of epicenters to refer to clinics/health workers during illness. 91.96% of those who were sick were able to visit a health clinic, a number which shows that in general the sick are able to access healthcare.

The main diseases reported by households are malaria (81.68%), followed by cold/cough (19.08%) and fever (18.70%). Table 8 below summarizes the diseases encountered in households.

Table 8: Types of illness in the household during four weeks preceding survey

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Number of Households Reporting the Disease</th>
<th>Percentage of Households Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>214</td>
<td>81.68%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>42</td>
<td>16.03%</td>
</tr>
<tr>
<td>Fever</td>
<td>49</td>
<td>18.70%</td>
</tr>
<tr>
<td>Cold/Cough</td>
<td>50</td>
<td>19.08%</td>
</tr>
<tr>
<td>Eye problems</td>
<td>9</td>
<td>3.44%</td>
</tr>
</tbody>
</table>

Apart from diseases, people most commonly visit the health center to vaccinate their children (30.15%). Table 9 summarizes the various reasons for health center attendance other than diseases.
Table 9: Reasons of health center visits other than diseases

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Number of households (out of 262 surveyed)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination</td>
<td>79</td>
<td>30.15%</td>
</tr>
<tr>
<td>Check-up</td>
<td>7</td>
<td>2.67%</td>
</tr>
<tr>
<td>Follow-up</td>
<td>19</td>
<td>7.25%</td>
</tr>
<tr>
<td>Injury</td>
<td>9</td>
<td>3.44%</td>
</tr>
<tr>
<td>Postnatal Care</td>
<td>18</td>
<td>6.87%</td>
</tr>
<tr>
<td>Prenatal</td>
<td>17</td>
<td>6.49%</td>
</tr>
<tr>
<td>Did not visit facility at all</td>
<td>116</td>
<td>44.27%</td>
</tr>
</tbody>
</table>

Maternal and Infant Health

The improvement of maternal and infant health, to achieve Millennium Development Goals 4 and 5, is a priority to the Burkina Faso government. It is also supported by NGOs such as The Hunger Project-Burkina. In 2007 in Burkina Faso, infant mortality was 81 for every 1,000 living births and maternal mortality was 307.3 out of 100,000.

This situation is partly due to the weakness of maternal, neonatal and infant health services and to malnutrition, malaria and nutritional deficiencies (iron, iodine, vitamin A). The access and quality of health services remain weak because of, among other things, the lack of resources, poorly developed community-based activity, and the non-harmonized development of communications for the promotion of health.

The outcome evaluation revealed that Boulkon has made great strides in maternal health. Antenatal care coverage is high – 97% of women made at least one visit to the clinic during pregnancy, and the majority visited at least four times, the recommended frequency. The percentage of pregnant women receiving antenatal visits is depicted below.

Chart 33: Frequency of Antenatal Care Coverage

The percentage of pregnant women attending at least one antenatal visit increased almost 3% from baseline. However, at baseline 94% of women were already receiving at least one visit, so it is not expected to see a substantial change with such a high percentage of women already accessing care. More importantly, there was a large shift in the percentage of women attending at least four antenatal visits. The percentage of women attending four or
more visits increased by 134% from baseline (31%) to midterm (73%), highlighting an increase in the frequency of visits.

In addition to receiving antenatal care, 100% of the pregnant women gave birth while attended by a licensed healthcare professional. All of the pregnant women also reported giving birth in a clinic or hospital. This success represents an enormous change since baseline. It is estimated that at baseline, only 7% of women gave birth in the care of a licensed professional—an increase of 1329%. The presence of an operational health clinic in Boulkon may be one reason this indicator has increased so significantly.

Exclusive breastfeeding is recommended from birth until six months. The households that are well informed of this recommendation represent 40% of the cases. Some households (25%) consider that it can go beyond the six months (Chart 34).

Chart 34: Knowledge of exclusive breastfeeding according to households

Households were asked their opinions on the importance of maternal and infant health. 58.40% of households think that giving birth with the assistance of a trained birth professional is important. However, only 2% of households think this is extremely important while 32.10% reported that it is very important. It is also notable that 2.70% of households believe that the assistance of health professionals is not necessary in childbirth (Chart 35).

Chart 35: Importance of births assisted by health officers
For prenatal visits, the majority of households think they are important (73.70%), extremely important (0.80%), or very important (20.60%). Chart 36 below shows households’ judgment on the importance of prenatal visits.

Chart 36: Importance of prenatal visits

Regarding childhood vaccination, the study shows that most households are predisposed to immunize their children. Chart 37 below shows the importance of the household’s judgment of childhood vaccination.

Chart 37: Importance of child vaccinations

**HIV / AIDS**

Communication regarding HIV/AIDS is one of The Hunger Project-Burkina Faso’s top priorities. Programs not only contribute to the reduction of HIV prevalence but also to a change of behavior by an adoption of better prevention methods and practices. The study shows that 92.1% of the households have heard of the disease (Chart 37).
The household survey measures comprehensive knowledge of HIV/AIDS by asking five simple questions:
1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?
2. Can a person reduce the risk of getting HIV by using a condom every time they have sex?
3. Can a healthy-looking person have HIV?
4. Can a person get HIV from mosquito bites?
5. Can a person get HIV by sharing food with someone who is infected?

Respondents who answer all 5 questions correctly are considered to have comprehensive knowledge of HIV/AIDS. In Boulkon, only 40% of respondents answered all 5 questions correctly.

Chart 38 below shows the breakdown of correct answers by each of the 5 questions. From looking at these results, it is clear that the majority of respondents (90%) are aware that using condoms during sex reduces the risk of contracting HIV. However, less than half of the respondents (49%) knew that a person cannot contract HIV from mosquito bites.
Knowledge of HIV/AIDS has increased since baseline, from 29% to 40%. While this is a modest increase, it still shows positive trends regarding accurate knowledge of HIV/AIDS in the community.

Despite the fact that the majority of households have heard of HIV/AIDS, only 15% are aware of their status. Others have done the test but did not receive the results. When this information is compared to the baseline data, there is an increase in the percentage of people aware of their status. Therefore, although only 15% of the population is aware of their status, this represents a 58% increase from baseline.

HIV/AIDS is no longer a taboo subject in the communities. Some households (40.30%) openly discuss HIV among family, friends, spouse, neighbors, health officers, etc. For households, the information on HIV/AIDS can be obtained from health officers (doctors, midwives, HIV/AIDS animators, etc.). In 67.20% of the cases, the survey respondents believe that those infected with HIV/AIDS should inform others. Participants who believe information about HIV/AIDS must be kept silent represent 18.60% of the surveyed.

Primary prevention methods include condom use, sexual abstinence, and limiting sex to one partner. Table 10 summarizes different means for HIV/AIDS prevention as suggested by the surveyed.

**Table 10: Means to avoid HIV/AIDS according to the households**

<table>
<thead>
<tr>
<th>Precautions</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use condoms</td>
<td>154</td>
<td>60.87%</td>
</tr>
<tr>
<td>Abstain from sex</td>
<td>140</td>
<td>55.34%</td>
</tr>
<tr>
<td>Limit sex to one partner or stay faithful to one partner</td>
<td>136</td>
<td>53.75%</td>
</tr>
<tr>
<td>Limit number of sex partners</td>
<td>21</td>
<td>8.30%</td>
</tr>
<tr>
<td>Do not have sex with prostitutes</td>
<td>14</td>
<td>5.53%</td>
</tr>
<tr>
<td>Nothing</td>
<td>13</td>
<td>5.14%</td>
</tr>
<tr>
<td>Use condoms with high-risk partners</td>
<td>9</td>
<td>3.56%</td>
</tr>
<tr>
<td>Avoid blood transfusions</td>
<td>6</td>
<td>2.37%</td>
</tr>
<tr>
<td>Avoid injections</td>
<td>2</td>
<td>0.79%</td>
</tr>
<tr>
<td>Avoid mosquito bites</td>
<td>1</td>
<td>0.40%</td>
</tr>
<tr>
<td>Avoid kissing</td>
<td>1</td>
<td>0.40%</td>
</tr>
</tbody>
</table>

The majority of the surveyed do not use condoms regularly. In fact, 54% of respondents reported never using a condom, while just 11% responded that they always use a condom.
Microfinance and Livelihoods

One of the central impacts of The Hunger Project’s work is a reduction in poverty. The Hunger Project uses the Progress out of Poverty Index (PPI) for a rapid assessment of the likelihood an individual household is below the national or international poverty lines. The PPI asks 10 simple questions which have been rigorously tested in Burkina Faso and uses the responses to provide a score which represents the likelihood that this particular household is below the poverty line. A higher score indicates less probability of being below the poverty line and a lower score indicates that the household is more likely to be poor.

The average score of all households provides The Hunger Project with the percentage of households below the international and national poverty line. In Bouknon Epicenter, 38% of the households are below the international poverty line5. This result represents a 14% decrease from the baseline poverty levels (46%), a positive trend in poverty reduction. When examining the national poverty line within Burkina Faso, approximately 26% of households in Bouknon are still below the poverty line.

Below is a chart that considers the frequency of households in five different categories of poverty probability — very low (less than 10% probability), low (10-25%), medium (26-40%), high (41-60%), and very high (higher than 60%). The ideal result would be a negatively sloped trend line, or that the frequency of households experiencing each of the five categories declines as you move left on the graph. However, Bouknon’s graph shows a different result. There is a variation in the levels of poverty in the community, highlighting income inequality throughout the community. There is also a higher percentage of people with medium to very high probabilities of poverty. The trend line shifts slightly upward at the end and reveals that a quarter of household have a very high probability of poverty. This indicates that as many as half of the households in the epicenter are extremely vulnerable to shocks that could result in rapid changes to their living standards.

5 Defined as $1.25/day 2005 PPP
The survey also inquired about sources of income. The households’ main income sources are the sale of agricultural products (24.5%) and the sale of animals (26.4%). Table 11 summarizes the households’ main income sources.

Table 11: Households main income sources

<table>
<thead>
<tr>
<th>What is your household’s primary source of income?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livestock sales</td>
<td>26.4</td>
</tr>
<tr>
<td>Crop and vegetable sales</td>
<td>24.5</td>
</tr>
<tr>
<td>Labor</td>
<td>16.6</td>
</tr>
<tr>
<td>Other Source (non-business)</td>
<td>11.7</td>
</tr>
<tr>
<td>Natural resource extraction/sales</td>
<td>10.9</td>
</tr>
<tr>
<td>Trading (handicrafts, carpentry, etc.)</td>
<td>5.3</td>
</tr>
<tr>
<td>Remittances</td>
<td>3.8</td>
</tr>
<tr>
<td>Other Source (business)</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Access to credit and other financial services are essential in improving livelihoods. In the study area, 29.57% of adults have access to financial services while 70.43% do not. Of those who are accessing financial services, the most common type was an informal savings group (reported by 19% of respondents) followed by a formal savings group (7%).
Businesses

Nearly 42% of households in Boulkon have non-farm businesses. The most common type of business was mining and quarrying (40%). Other types of businesses included agriculture, hunting, and forestry; manufacturing; construction or repair; health; and hotel and/or restaurants. The businesses are, for the most part, owned by men (77%).

When examining the percentage of people in Boulkon who own businesses, men again fair better than women. Only 5% of women own businesses, as compared to 20% of men.
The Hunger Project-Burkina Faso often provides loans to community members that are used to start small businesses. When asked if their business was supported by a loan from The Hunger Project's microfinance program, 6% said yes.

Chart 43: Percentage of household business supported by The Hunger Project

Income derived from these businesses is varied. The non-agricultural average income per household would be 237,713 FCFA (approximately $400 USD) with a standard deviation of 403,824.47 ($681 USD). The relatively high standard deviation could be explained by a large gap between the incomes. In fact, the households with activities in the mines and quarries field have substantial revenues compared to those who practice small trade. The annual minimum and maximum income are respectively 2,500 FCFA ($4.22 USD) and 2,500,000 FCFA ($4,216 USD).
RESULTS: QUALITATIVE

Focus Group Results

A focus group of 12 people was formed including five women and seven men. The discussions took place at Boulkon Epicenter. Topics that were discussed included the history of the epicenter, an analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT) of the epicenter, and development problems and prospects. The results are summarized by topic and are as follows:

Brief History of Boulkon Epicenter

The history of Boulkon Epicenter began in 2010. The Hunger Project-Burkina Faso visited the epicenter villages several times to explain their intentions to support villages in their development. The Hunger Project-Burkina Faso solicited support and guidance from the authorities and local leaders. Thus, fifteen villages originally agreed to form Boulkon Epicenter. Currently, the epicenter is comprised of 16 villages. Boulkon was chosen by mutual agreement as the site of construction for the epicenter infrastructure. The site was built in 2011 and inaugurated in February 2013. Currently, the epicenter is directed by a central committee of 16 members. Ten sub-committees have also been established in Food Security, Education, Health and Nutrition, Youth, Women's Empowerment, Environment, Credit, M&E, Market Gardening, and Financial Management.

Strengths, Weaknesses, Opportunities, and Threats of Boulkon Epicenter

Strengths

- Existence of microcredit
- Existence of a nursery school
- Many trainings received, especially from The Hunger Project-Burkina Faso
- Legal recognition of the association
- Agreement of the sixteen villages to manage the epicenter
- Existence of economic management units (mills, input shops, food banks)
- Existence of infrastructure and equipment for the epicenter (meeting room, chairs, music equipment, dormitories, electrification)

Weaknesses

- No regular holding of statutory meetings
- Insufficient partner research – the epicenter committee is researching partners but the information gathered is not sufficient
- Illiteracy of members
- Persistence of lies
- Lack of transparency in the management of the association
- No feature of economic units
- Low membership fees

Opportunities

- Availability of technical and financial partners and particularly The Hunger Project
- Involvement of citizens of the locality
- Possibility of partnership with the town halls of Kirsi and Arbollé

Threats

- Existence of two traditional chiefs is a source of social unrest
- Existence of several Microfinance Institutions (MFIs).
Development problems of Boulkon Epicenter and their causes

Participants also identified the main development challenges of the epicenter and the causes of these problems.

1. Lack of technical knowledge, caused by a lack of resources and commitment as well as illiteracy.
2. Roads are impassable, particularly during the rainy season. This is caused by rainwater runoff, sand deposits, and a lack of road infrastructure.
3. Poor soil, caused by the uncontrolled use of chemicals (herbicides, insecticides), heavy logging, wandering animals, climate change, prolonged land holdings, reduction of arable land, and plastic bags.
4. Insufficient water due to low rainfall and inadequate water reservoirs.
5. Low youth involvement in epicenter activities because there are not enough activities available to youth.
6. Poorly functioning economic units. Causes include price fluctuations (for the food bank), mismanagement that drives blackouts (for the mill), and poor implantation (for the shop).
7. High animal mortality from diseases, unhygienic pens, wandering animals, drought, and animal consumption of contaminated water and herbicides.
8. Children dropping out of school in favor of gold mining. The reasons for this are high poverty rates that prevent families from paying tuition fees, uneducated children, and the ripple effect.

Key Informant Interview Results

During the evaluation study, interviews were held with important people from the area. These include the manager of the epicenter, the chairman of the epicenter, the village chief of Kapon, and a Councilman from Boulkon village. The main results of the interviews are:

Key Crops

The main crops in the area of the epicenter of Boulkon are sorghum, cowpea (a type of legume), millet and maize.

An Assessment of The Hunger Project Intervention

Overall, respondents expressed a positive attitude towards The Hunger Project-Burkina Faso. Unlike other NGOs with specific areas of focus, The Hunger Project is involved in all sectors but microfinance is the best-known community program. This program brings the epicenter to life. According to the village chief of Kapon, The Hunger Project does not discriminate in its intervention and works to get everyone involved whether they are children, young, or old. Each demographic has its account with The Hunger Project-Burkina Faso. However, interviewees wanted The Hunger Project involved in more visible actions such as the construction of roads and clinics.

On the Expansion of Gold Mining in the Area

The expansion of gold mining in the area creates many problems. Initially, it was a source of insecurity. The theft of both cattle and cash has increased. School dropout rates have increased. Although we do not have exact figures, there are more and more children leaving
school for gold mining. Finally, there is a flight of labor to the gold mining sites. Currently the only people remaining in the villages are the elderly and children.

**On Gender Inequality in the Epicenter**

Men play a large role in society. The area of the epicenter is populated by the ethnic group Mossi and, according to the customs of Mossi, women play a secondary role. Major decisions go through men and village leaders. Women often refuse leadership positions because of social pressures. But increasingly, the trends are changing thanks to the intervention projects and NGOs such as The Hunger Project-Burkina Faso. Before, there were men who refused to let their wives attend meetings. But now men encourage women to go to the associations to take advantage of benefits. Women's access to microfinance has been cited as an example.

**Main Seasonal Activities in the Epicenter**

In the epicenter, everyone is both a farmer and rancher. During the rainy season, everyone farms. During the dry season, the people work with livestock or small businesses. This seasonal distribution of work is being disrupted with the arrival of gold mining. There are more and more people who engage in this activity throughout the year.
CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The overall goal of the study was to assess the effects and impacts of The Hunger Project-Burkina Faso intervention in the villages of Boulkon Epicenter. A survey of 265 households was conducted. The study has identified certain results likely to influence future interventions in the area.

Environment and Housing: The study shows an improvement in housing environment when compared with Burkina’s RGPH 2006 data. 19% of households have cement or concrete floors, while 93% have metal roofs.

Community mobilization: Overall, community members feel that they can change their communities and that their leaders are capable. There is a notable gender gap, with more men than women voting and feeling comfortable speaking in public. Village leaders play a crucial role in decision-making for development. They are the ones who lead decision-making in communities, according to 50.53% of men and 54.35% of women.

Water & Sanitation: The majority of community members (92%) have access to improved water sources, while 59% use improved sanitation facilities. More than a quarter of the population does not have a toilet of any type.

Education & Literacy: Literacy is not that widespread. In fact, 73% of adults have received no formal education. While 62% of households have at least one literate person, it is estimated that only 19% of the adult population is literate. Kindergarten remains a luxury for most children. The children who are able to attend are mainly from the village that houses the epicenter headquarters. Households are typically closer to primary schools than to middle schools or high schools.

Food Security: The study determined that 93% of households are food secure and no households reported living with severe hunger. However, 7% of the households remain in moderate food insecurity.

Agriculture and Livestock: The main crops grown are millet, sorghum, and legumes. Yields are less than the expected average for all three crops. All households surveyed reported using improved agricultural practices. The most common livestock are goats/sheep, chickens, and cattle. Livestock sales provide on average $58 USD each year.

Health: The health results were mostly positive. 100% of households are within a reasonable distance of health services (defined in Burkina Faso as less than or equal to 15 km). All children born in the year preceding the survey have been delivered with assistance of health officers (midwives, doctors, nurses, etc) and 97% of pregnant women received antenatal care. Exclusive breastfeeding during the first six months is not well known, as less than half (40%) of households were able to correctly answer a question on its duration. Malaria is the most common disease in households. It has been reported in more than 82% of surveyed households.

HIV/AIDS: The investigation shows that 92.1% of households have heard of this disease. There is some knowledge of methods to prevent the disease, but only 40% of respondents showed a comprehensive knowledge of HIV/AIDS and only 15% are aware of their HIV status. While many respondents were able to identify condom use as a method of HIV prevention, 54% of respondents reported never using a condom during sexual intercourse.
Microfinance & Livelihoods: 38% of households in Boulkon Epicenter are living in extreme poverty, while 26% are under the national poverty line. While this marks a decrease in poverty rates from baseline (approximately 15% percentage points), there is still great progress to be made. 30% of adults have access to some type of financial service (loans, formal/informal savings groups). This rate might be incomplete because the microfinance program is aimed only at women, while many men were the respondents on this question. The main income sources are the sale of agricultural products and livestock.

Limitations

As with any study, there are some limitations that should be considered. In spite of the enumerators’ explanation of the objectives of the study, of the notification of confidentiality, and of The Hunger Project’s impartiality before the administration of the questionnaire, the distrust of the respondents and their will to insist on the positive aspects of The Hunger Project interventions in order to be better appreciated by The Hunger Project-Burkina Faso were limiting factors to the survey.

Many of the results in this study are quite optimistic, especially when compared to baseline values. However, they should be interpreted cautiously. First, the baseline data was taken at the lowest available administrative level, often the state or regional. Since it is not at the epicenter level, the baseline provides the best available estimate but it is only an estimate. Second, while it is clear that great progress has been made, these advancements cannot be contributed to The Hunger Project. It is entirely possible that government initiatives or general economic growth could have contributed to these improvements, and without a comparison community where The Hunger Project did not work, it is impossible to know the effects of The Hunger Project’s interventions. Third, the study area experiences high migration at different points in the year, which could affect the results as people come and go from the community.

Recommendations

The study findings enable us to make several recommendations to further improve the population’s living conditions:

For community mobilization

- Encourage women to take part in community activities to be better known, and give them abilities through training, so that they compete and become members at the level of the municipal councils, in order to be present during the elections and to vote.
- Continue to emphasize the participation of the women in committees in the ratio of 50%. During the trainings in the epicenter, emphasize the female leadership (role and tasks,) and their role within the municipal councils.

For the energy, water and sanitation

- Promote access to knowledge, attitudes and practices on hygiene and sanitation.
- Assist households in the acquisition of modern latrines.

For Women’s Empowerment Program

- Dietary Diversity: Provide sensitizations and trainings on women’s nutrition in the epicenter. Propose to the participants a diversity of menus made with the local and easily prepared products, as well as show them the composition of the food groups which are necessary for their good growth and health.
- Exclusive breastfeeding: sensitization on the benefits of the exclusive breastfeeding for the mother and the child.
For literacy and education
- Increase sensitization of the advantages of the education of children
- Encourage the opening of school canteens
- Condition access to credit and other advantages provided by the epicenter on the enrollment of children in school.
- Continue to motivate communities to attend literacy centers and open more centers closer to households.
- Motivate literacy through the provision of funding (credits and projects) to only adults who are attending literacy classes.

For agriculture and food security
- Develop initiatives and projects to support agro-pastoral activities. When a farmer is at the same time a breeder, the cattle gives organic manure which improves the soil and increases the yields. At the same time the household can have some income through the sale of the cattle when they want.
- Train the producers on the climate change, and the necessity to use improved crops adapted to the nature of the ground and the rainfalls in order to have better yields.
- Assist producers in the adoption of improved agriculture technologies considering the low yields per hectare, and make these technologies available even through low loans.
- Accompany the market gardening and counter season culture promotion to strengthen food security.

For health
- Encourage the voluntary and the anonymous screenings by involving the religious structures, the local authorities, the traditional chiefs, and the educational structures
- At the level of the regional administrations of health in Burkina, there are structures of caring for people living with HIV / AIDS, thus the focus should be on the sensitization on the screening, and on the information about the existence of these structures, and also accompany the people towards these structures for caring when necessary.
- Continue sensitization on the stigma towards HIV and methods of HIV/AIDS prevention.
- Organize at the epicenter some sensitization sessions on the benefits of the exclusive breastfeeding of babies up to the age of six months.

For microfinance and livelihoods
- Increase the credit fund for the benefit of a large number of beneficiaries.
- Provide some training to the beneficiaries for the good management of the credit fund
- Increase the amount of the credit in order to allow to the beneficiaries to manage profitable projects
- Create new microcredit products that are useful and appropriate to communities as recommended by the evaluation of the MFP.
BIBLIOGRAPHY


INSD, 2007; Analysis of the annual survey results on household living conditions in 2007.

INSD, 2009; General Census of the population and habitat (RGPH 2006), analysis of final results; Theme 10: Households and residences.
ANNEX

A. Focus Group Questions

1. What is the history of your epicenter?
2. What are the strengths, weaknesses, opportunities, and threats of Boulkon Epicenter?
3. What are the main problems of developing Boulkon epicenter?
4. How do you see your epicenter in 10 years? (prospects for Boulkon epicenter)

B. Key Informant Interview Questions

1. What are the main seasonal activities in the region of the epicenter?
2. How satisfied are you with the intervention of THE HUNGER PROJECT-Burkina?
3. What is your view on the expansion of gold mining in the epicenter?
4. What are the major gender inequalities in the epicenter?
5. What are the main crops in the region of the epicenter?
About The Hunger Project

The Hunger Project is a global, non-profit strategic organization whose mission is to end hunger and poverty by pioneering sustainable, grassroots, women-centered strategies and advocating for their widespread adoption in countries throughout the world.

The Hunger Project is active in Australia, Bangladesh, Benin, Burkina Faso, Canada, Germany, Ethiopia, Ghana, India, Japan, Malawi, Mexico, Mozambique, Netherlands, New Zealand, Peru, Senegal, Sweden, Switzerland, Uganda, the United Kingdom and the United States.

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